PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10B18258

									7000	CO	۱ ر		
			S FILED - PART I (Column 1)		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN		
TOTAL CLAIMS			_ <u>\$</u>				F	RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		ВА	SIC FEI	375.00	ОЯ	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			8 mi	กบร 20=	* 6		>	(\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS				inus 3 =	* /	. /		X42=	 	OR	X84=		
MULTIPLE DEPENDENT CLAIM PI			RESENT					140=		1			
* (1	the difference	e in column 1 is	less than zero, enter "0" in column 2			column 2	<u> </u>			OR	+280=		
CLAIMS AS AMENDED - PART II							11	OTAL	1343	OR	TOTAL	THAN	
(Column 1)			(Column 2)			(Column 3)	mn 3) SMALL EN			OR	OTHER THAN OR SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVICE PAID I	BER DUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	15	Minus	** 5	<u>',O</u>	=	L×	\$ 9=	1	OR	X\$18=		
	Independent FIRST PRESE	* S	Minus	***	3	=	×	(42=		OR	X84=		
Щ.		ENTATION OF MA	DETIFIE DE	PENDENT	CLAIM		<u> </u>	140=		OR	+280=		
						*		TOTAL IT. FEE		OR	TOTAL ADDIT, FEE		
_		(Column 1)	(· · · · · · · · · · · · · · · · · · ·	(Colun		(Column 3)							
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	BER	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	×	\$ 9=		OR	X\$18=		
	Independent	NTATION OF MI	Minus	±k*	OL AUA		X	42=	·	OR	X84=		
L		THE OF WILL	CUPCE DEI	CIVUCNI	ULAIM		+1	40=		OR	+280=		
	•							TOTAL T. FEE		OR ,	TOTAL ADDIT. FEE		
		(Column 1) CLAIMS	g	(Colum		(Column 3)	1						
AMENDMENT C		REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X	9=		OR	X\$18=		
	Independent	*	Minus	***		=	X4	42 =		ı	X84=		
L	FINOI PHESE	NTATION OF MU	ILTIPLE DEF	PENDENT	CLAIM					OR			
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=		
***	tine "Highest Nui If the "Highest Nui	mber Previously Pa mber Previously Pa ber Previously Paid	id For" IN THI aid For" IN THI	S SPACE is	less than	n 20, enter "20."	ADDI	T. FEE 🕻	ropriate box		TOTAL ADDIT. FEE IMN 1,		